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# LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

## JOURNAL WANTED

DEAR EDITOR: I should like to purchase a copy of the JOURNAL for April, 1911, if any subscriber has it to spare.

MARY M. FLETCHER,  
Charlottesville, Va.

## STORK DIAPERS

DEAR EDITOR: I wonder what nurses think of the use of stork diapers for very young babies. Do they do harm or not?

North Dakota.

E. E. S.

## SUGGESTIONS NEEDED FOR OPERATING-ROOM NURSES

DEAR EDITOR: I have read most of the books advertised for nurses interested in surgical nursing. I find good points and suggestions in each one, but have not found any one of them to contain enough of the practical suggestions that the operating-room nurses need. The idea has come to me that a proper text-book could be arranged from suggestions from various surgical nurses (as I am sure circumstances bring ideas into every nurse's mind), together with material we already have in our reference books, and that such a book would prove to be a benefit to the operating-room nurse as a guide, and to the students as a text-book on the theory and practice of surgical technique. I shall be pleased to hear from other nurses interested. There is no financial gain desired in this undertaking.

SURGICAL NURSE.

## PROPER POSITION FOR A PATIENT RECEIVING AN ENEMA

DEAR EDITOR: In reply to "R. N." in the July number asking about the proper position for placing a patient when giving an enema, I cannot give the name or authority of physician or school for the left-side position, but the following may be a help.

In using the low enema, the time-honored position on the left side is certainly correct, as the fluid used in the enema, immediately after leaving the tube, by the natural force of gravity, follows the trend of the colon, via the sigmoid flexure, to the left.

On the other hand, when the high rectal tube is used, this passes so high in the bowel, if properly inserted, that the water will naturally, from the force caused by the elevation of the bag, be impelled to the immediate vicinity of the turn between the descending and transverse colon and will hence be in its course if given on the right side. Whereas, if the above is given with high rectal tube in the left position, the tendency is to force all water or fluid, upon leaving the tube, to make progress against the force of gravity, and with the least obstruction will certainly result in the necessity of a thorough filling of the lower bowel before the passing of fluids through the transverse or ascending colon.

The X-ray has been used and has demonstrated that at least some times, if not all, the rectal tube merely coils upon itself when giving a high enema. This was pictured and discussed in the *Journal of the American Medical Association* over a year ago.

Physicians are for and against the use of high enema, but it remains for the nurse to follow orders and to use every care in giving it to insure results.

Michigan.

H. J. F., R.N.

#### THE COLLEGE NURSE

DEAR EDITOR: At different times there have been articles sent to this JOURNAL by resident college nurses whose positions seem to me to be very responsible ones and full of opportunity for the solution of educational problems in which we are all so much interested at present. A college atmosphere is one of culture and refinement and the students are young men and women of intelligence, but still in the formative stage, which is conducive to inspiration in their teaching and makes the best methods for this most necessary. I have found this to be true in my work in a co-educational college where there are about two hundred and fifty dormitory students. There is no resident physician and this gives the nurse the general care of the students, though a physician may always be secured when needed. During the three years I have been here, I have given lectures on subjects pertaining to the care of the body, physical development in its relationship to the mind, also on diseases and social customs likely to interfere with health and happiness.

There must be other nurses who have work similar to this and whose experiences must be interesting and would be very helpful to many if made public. Scientific ways of doing this work are needed and I am anxious to secure some information in time to install new methods at the beginning of the new year's work. I wish to know how records are kept for each student, not only for one year, but for all the time he may stay in the school, so that comparative records of the individual may be preserved and statistics of all the infirmary work may be on file for reference at any time. I have found these valuable and convincing when presented to the trustees and faculty, as well as for my use personally. If any one has printed matter relative to the keeping of records, or has a schedule of the lectures given, or any other information which might be valuable to any nurse in such a position, it will be much appreciated. I will gladly pay postage to secure such at an early date.

Thanking you for any help you may give me.

D. ELVA MILLS, R.N.,  
Earlham College, Earlham, Ind.

#### A DISCREDIT TO HER PROFESSION

DEAR EDITOR: May I ask you to give place in your periodical to the following observation, which I believe will be of use to the nursing profession, even though it is given in the nature of a criticism? For the past seven weeks, I have been a guest in one of the large hotels in Atlantic City. During the first days of my stay here, my attention was called to a table occupied by a trained nurse, a child's maid, and a little girl about seven or eight years of age, protracted illness confining the mother to her room.